Filing Date (MM/DD/YYYY)

Application No.

1. 2. 3. 4. 5. Priority Claimed

Reg. No. 36,334

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU3650USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S.	. PARENT	APPLICATION	or PCT P	ARENT	APPLICATION

LLC Demont A publication DCM D			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY				

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,181

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Reg. No. 39,009
Reg. No. 37,092
Reg. No. 31,164

Bonnie L. Deppenbrock Reg. No. 28,209
John L. Lemanowicz Reg. No. 37,380

Lorie Ann Morgan

Send Correspondence to:

David J. Levy, Patent Counsel
Global Intellectual Property Department
Glaxo Wellcome Inc.
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709

Direct Telephone Calls to:

Christopher P. Rogers 919-483-1240

			or the application of any patent is	ssumg mereon.
Λ.	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
) 2	OF INVENTOR	BIGHAM	Eric	Cleveland
	INVENTOR'S	Signature:)	ρ - l	Date:
0	SIGNATURE	Eric Cleveland	Bigham	x Oct 15, 2001
U	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS		US
1	ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
•	ADDRESS		Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
•	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BISHOP	Michael	Joseph
	INVENTOR'S	Signature:		Date:
•	SIGNATURE	<u> </u>		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	Durham POST OFFICE ADDRESS	NC	US
2	ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS		Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	<u> </u>	
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature:		Date:
0	SIGNATURE	CITY		X
U	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	NC	US
3	ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS		Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

CO	MBINED DE	ECLARATION FOR UT	LITY or DESIGN	ATTORNEY'S DOCKET NUMBER
PA]	TENT APPL	ICATION WITH POWE	ER OF ATTORNEY	PU3650USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	GARRISON	Deanna	SECOND GIVEN NAME/INITIAL Trojan
	INVENTOR'S	Signature:		Date:
	SIGNATURE			X X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
4	-, ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	110 27703, 05
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HODSON	Stephen	Joseph
	INVENTOR'S	Signature:		Date:
_	SIGNATURE	x		X
0		RESIDENCE & CITY STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
_	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		110 27703, 08
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	NAVAS	Frank, III	SECOND GIVEN NAMEZINITIAL
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC .	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		,
•	FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPEAKE	Jason	D
	INVENTOR'S	Signature:		Date:
0	SIGNATURE			х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
7	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
′	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	4	Five Moore Drive, PO Box 13398		,

COMBINED DECLA	DA AN	TITLE TORK A	OR DESIGN - TENT		
ADDI ICATION WIT		UTILITY	OR DESIGN FATENT	ATTORNEY'S DOCKET PU3650USW	
APPLICATION WIT	HPOWER	R OF ATTORNE	$\Sigma \mathbf{Y}$	First Names Inventor:	
		•		Eric Cleveland BIGHAM	
() Declaration submitted with initi	al filing or			Complete if known:	
()Declaration submitted after initia	al filing (surcharge	e required 37CFR1.16(e))		App No.:	
				Filing Date	
				Group Art Unit:	
As below name	ed inventor. I he	ereby declare that:			
		itizenship are as stated be			
I believe I am the origin (if plural names are liste entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
IMID	AZOLINE DEI	RIVATIVES AS ALPH	A-1A ADRENOCEPTOR LIGA	NDS	
the specification of which	the specification of which (check only one item below):				
[]is attached hereto. OR					
			rial No or PCT In	nternational	
Application Number PC applicable)	T/EP00/03848	filed and was amended o	on (MM/DD/YYYY)	(if	
I hereby state that I have as amended by any amen	reviewed and und dindment specifica	nderstand the contents of lly referred to above.	f the above-identified specification	, including the claims,	
I acknowledge the duty t	o disclose inform	nation which is material	to patentability as defined in 37 Cl	FR §1.56.	
I hereby claim foreign pr	iority benefits u	nder 35, U.S.C. §119 (a)	-(d) or §365(b) of any foreign app	liantiana(a) for motors	
which priority is claimed	icate of of ally F	CT international applica	tion having a filing date before that	it of the application on	
PRIOR FOREIGN AND ANY P	RIORITY CLA	AIMS UNDER 35 U.S.C	110.		
Prior Foreign Application		Country	Foreign Filing Date	DDIODITY	
Number (s)		•	(MM/DD/YYYY))	PRIORITY CLAIMED	
1. 9910110.7 2.		GB	04/30/1999	X	
3.					
	Ma 25 Haitad C	<u> </u>			
I hereby claim the benefit under To Application No.	tie 33, United S	tates Code §119(e) of an	y United States provisional applica		
1. ************************************		Filing Date	(MM/DD/YYYY)	Priority Claimed	
2.					
3.					
4.					
5.					

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Glaxo Wellcome Inc.

Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

ATTORNEY'S DOCKET NUMBER **PU3650USW**

Christopher P. Rogers

919-483-1240

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
		 		ABANDONED
POWER OF ATTORNEY: As a named inventor, I hereby the U.S. Patent and Trademark Office connected therewith. David J. Levy Reg. No. 27,655 Charles E. Dadswell Reg. No. 35,851 Karen L. Prus Reg. No. 39,337 Robert H. Brink Reg. No. 36,094 Lorie Ann Morgan Reg. No. 38,181	James P. Riek Virginia C. Bennett Frank P.Grassler Frank P.Grassler	Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334	Bonnie L. Deppenbro John L. Lemanowicz	ck Reg. No. 28,209

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIGHAM	Eric	Cleveland
i	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
ĺ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	NC 21703, US
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	BISHOP	Michael	Joseph
1	INVENTOR'S	Signature: 21.		Date:
	SIGNATURE	x Mule & King		x 10/15/2001
0	RESIDENCE &	CITY / ///	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham .	$NC \Lambda C$	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		100,00
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR		David	Harold
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	The state of the s	
<u> </u>		The Moste Blive, 10 Bux 15398		

Date:

US

COUNTRY OF CITIZENSHIP

NC 27709, US

STATE & ZIP CODE/COUNTRY

COMBINED DECLARATION FOR UTILITY or DESIGN ATTORNEY'S DOCKET NUMBER PU3650USW PATENT APPLICATION WITH POWER OF ATTORNEY Continued **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL 2 OF INVENTOR **GARRISON** Deanna Trojan **INVENTOR'S** Signature Date: SIGNATURE STATE OR FOREIGN COUNTRY 0 RESIDENCE & CITY COUNTRY OF CITIZENSHIP Durham NC US CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE GlaxoSmithKline Research Triangle Park NC 27709, US 4 3ADDRESS Five Moore Drive, PO Box 13398 FIRST GIVEN NAME **FULL NAME** FAMILY NAME SECOND GIVEN NAME/INITIAL **HODSON** Stephen Joseph 2 OF INVENTOR **INVENTOR'S** Signature: Date: SIGNATURE 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **Durham** NC US **CITIZENSHIP** POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park 5 **ADDRESS** NC 27709, US Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME **FULL NAME** SECOND GIVEN NAME/INITIAL **NAVAS** Frank, III 2 OF INVENTOR **INVENTOR'S** Signature: **SIGNATURE** RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 Durham NC CITIZENSHIP POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park NC 27709, US 6 **ADDRESS** Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** OF INVENTOR **SPEAKE** 2 Jason D

STATE OR FOREIGN COUNTRY

Research Triangle Park

NC

CITY

INVENTOR'S

SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

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Signature:

POST OFFICE ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

CITY Durham

6 				10 40 40 1
COMBINED DECLA APPLICATION WIT	R. JON I	OR UTILITY OF ATTORNE	OR DESIGN-PATENT Y	First Names Inventor:
		•		Eric Cleveland BIGHAM
() Declaration submitted with initi	al filing or			Complete if known:
()Declaration submitted after initia	al filing (surcharge	required 37CFR1.16(e))		App No.:
				Filing Date
		_		Group Art Unit:
As below name	ed inventor. I he	ereby declare that:		
My residence, post offic	e address and ci	tizenship are as stated be	low next to my name.	
I believe I am the origin (if plural names are liste entitled:	al, first and sole and below) of the a	inventor (if only one nar subject matter which is c	mè is listed below) or an original, laimed and for which a patent is s	first and joint inventor sought on the invention
IMID	AZOLINE DEI	RIVATIVES AS ALPH	A-1A ADRENOCEPTOR LIGA	ANDS
the specification of which	ch (check only or	ne item below):		
[]is attached hereto. OR				
[x] was filed on 28 Ap	oril 2000 as Unit	ed States application Ser	ial No or PCT I	International
Application Number PC applicable)	CT/EP00/03848	filed_and was amended o	n (MM/DD/YYYY)	(if
I hereby state that I have as amended by any amer	reviewed and und and una reviewed and una ment specifical	nderstand the contents of lly referred to above.	the above-identified specification	n, including the claims,
I acknowledge the duty t	o disclose inform	nation which is material	to patentability as defined in 37 C	CFR §1.56.
United States of America	a, listed below an ficate or of any P	re international applicant have also identified be	-(d) or §365(b) of any foreign appartion which designated at least onelow, by checking the box, any fortion having a filing date before the	e country other than the
PRIOR FOREIGN AND ANY I	'RIORITY CLA	AIMS UNDER 35 U.S.C	2. 119:	
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9910110.7		GB	04/30/1999	X
2. 3.				
I hereby claim the benefit under T	itle 35. United S	tates Code 8119(e) of an	v I Inited States provisional applic	
Application No.		Filing Date	(MM/DD/YYYY)	Priority Claimed
1.			(MANUEL III)	Friority Claimed
2.				
3. 4.				
5.				

COMBINED DECLARATION I JR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU3650USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

rel international filing date of this applica	ition:			
PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICATIO	ON		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor, I is the U.S. Patent and Trademark Office connected there David J. Levy Reg. No. 27,655 Charles E. Dadswell Reg. No. 35,851 Karen L. Prus Reg. No. 39,337 Robert H. Brink Reg. No. 36,094 Lorie Ann Morgan Reg. No. 38,181	with. (List name and registration numbe James P. Riek Virginia C. Bennett	and/or agent(s) to pro r) Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334	Bonnie L. Deppenbr	ock Reg. No. 28,209 Reg. No. 37,380
Send Correspondence to: David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709			•	alls to: her P. Rogers 483-1240
I hereby declare that all statements	made herein of my own Imageled	100 000 400 000 41	-4 -11 -4-4	1

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIGHAM	Eric	Cleveland
	INVENTOR'S	Signature:		Date:
	SIGNATURE	×		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BISHOP	Michael	Joseph
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	
200	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
8) ²	OF INVENTOR	DREWRY	<u>David</u>	<u>Haro</u> ld
	INVENTOR'S	Signature: () MO (1)		Date:
	SIGNATURE	x Hard Rend Yeary		× 10/12 0 1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF DITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC C	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		,

DECLARATION FOR "371" APPLICATION TO 1102301

<i>i</i> [CON	ADIATED DE	CY AND W		<u> </u>	
H	CON	MRINED DE	CLARA ON FOR UT	ILITY or DESIGN	ATTORNEY'S DOCKET NUMBER PU3650USW	
١	PAT	ENT APPL	ICATION WITH POWE	ER OF ATTORNEY	FO3030USW	
Ì		FULL NAME	FAMILY NAME	FIRST GIVEN NAME		
-1	2	OF INVENTOR	GARRISON	Deanna	SECOND GIVEN NAMEZINITIAL Trojan	
ı		INVENTOR'S	Signature:			
		SIGNATURE	x		Date: X	
- 1	0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
- 1		CITIZENSHIP	Durham	NC	US	
ı	4	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY	
1	4	-, ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US	
F			Five Moore Drive, PO Box 13398	8		
ı	2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
	2	OF INVENTOR	HODSON	Stephen	Joseph	
1		INVENTOR'S Signature:			Date:	
ı	0	SIGNATURE RESIDENCE &	CITY		COUNTRY OF CITIZENSHIP	
1	•	CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY		
1		POST OFFICE	POST OFFICE ADDRESS	CITY	US	
ı	5	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY	
1			Five Moore Drive, PO Box 13398	Research Triangle Fark	NC 27709, US	
F		FULL NAME	FAMILY NAME	FIRST GIVEN NAME		
ı	2	OF INVENTOR	NAVAS	Frank, III	SECOND GIVEN NAME/INITIAL	
1		INVENTOR'S	Signature:	1141113,111	Date:	
1		SIGNATURE	x		X	
1	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		CITIZENSHIP	Durham	NC	US	
1	6	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
1	٥	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US	
\vdash			Five Moore Drive, PO Box 13398			
	2	FULL NAME OF INVENTOR	FAMILY NAME SPEAKE	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
ı		INVENTOR'S	SPEAKE Signature:	Jason .	D	
		SIGNATURE	Signature:		Date: X	
	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		
	1	CITIZENSHIP	Durham	NC	COUNTRY OF CITIZENSHIP US	
	ŀ	POST OFFICE	POST OFFICE ADDRESS	CITY		
1	7	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
L	1		Five Moore Drive, PO Box 13398	and a summer of the summer of	1103, 03	
_			, , = -12 20030	The state of the s	The second secon	

DECLARATION FOR "371" APPEGATO 76 . 102301 COMBINED DECLARA ON FOR UTILITY OR DESIGN FATENT ATTORNEY'S DOCKET **PU3650USW** APPLICATION WITH POWER OF ATTORNEY First Names Inventor: Eric Cleveland **BIGHAM** () Declaration submitted with initial filing or Complete if known: App No.: ()Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IMIDAZOLINE DERIVATIVES AS ALPHA-1A ADRENOCEPTOR LIGANDS the specification of which (check only one item below): [] is attached hereto. OR [x] was filed on 28 April 2000 as United States application Serial No. _____ or PCT International Application Number PCT/EP00/03848 filed and was amended on (MM/DD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)

1. 9910110.7

GB

O4/30/1999

X

CLAIMED

1. hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

	5 () ,				
Application No.	Filing Date (MM/DD/YYYY)	Priority Claimed			
1					
1.					
2.					
2					
3.					
4.					
5.					

COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU3650USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION	N
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		\$	STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

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Karen L. Prus

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Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337

Reg. No. 36,094 Reg. No. 38,181 James P. Riek

Virginia C. Bennett
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Christopher P. Rogers

Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209

John L. Lemanowicz Reg. No. 37,380

Send Correspondence to:

David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709 Direct Telephone Calls to:

Christopher P. Rogers 919-483-1240

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIGHAM	Eric	Cleveland
	INVENTOR'S	Signature:		Date:
1	SIGNATURE	×		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
1		Five Moore Drive, PO Box 13398	3	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BISHOP	Michael	Joseph
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
_	CITIZENSHIP	Durham	NC	US
ł	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 1339		

DECLARATION FOR "371" APPLICATION FOR "371"

AON FOR UTILITY or DESIGN ATTORNEY'S DOCKET NUMBER COMBINED DECLARA **PU3650USW** PATENT APPLICATION WITH POWER OF ATTORNEY Continued FIRST GIVEN NAME **FULL NAME** FAMILY NAME SECOND GIVEN NAME/INITIAL GARRISON OF INVENTOR Deanna <u>Trojan</u> Signature: **INVENTOR'S** Danne * October 16,2001 **SIGNATURE** LOJan STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY Durham_ CITIZENSHIP NC POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY GlaxoSmithKline Research Triangle Park NC 27709, US 4 ADDRESS Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME HODSON** Stephen 2 OF INVENTOR Joseph Signature: **INVENTOR'S** Date: **SIGNATURE** CITY STATE OR FOREIGN COUNTRY 0 **RESIDENCE &** COUNTRY OF CITIZENSHIP **CITIZENSHIP** Durham NC US POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY **GlaxoSmithKline** 5 **ADDRESS** Research Triangle Park NC 27709, US Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME NAVAS** Frank, III 2 OF INVENTOR Signature: **INVENTOR'S** Date: **SIGNATURE** CITY STATE OR FOREIGN COUNTRY 0 **RESIDENCE &** COUNTRY OF CITIZENSHIP Durham NC US **CITIZENSHIP** POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY 6 **ADDRESS** GlaxoSmithKline Research Triangle Park NC 27709, US Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME **FULL NAME** SECOND GIVEN NAME/INITIAL **SPEAKE** OF INVENTOR Jason D 2 Signature: INVENTOR'S Date: SIGNATURE CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 **RESIDENCE &** Durham NC CITIZENSHIP US POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE GlaxoSmithKline Research Triangle Park NC 27709, US 7 ADDRESS

Five Moore Drive, PO Box 13398

DECLARATION FOR "371" APPLICATION FOR "371" APPLICATION FOR "371" APPLICATION FOR THE PROPERTY OF THE PROPERTY

COMBINED DECLAI 'APPLICATION WITH				PU36 First Na	ENEY'S DOCKET 50USW Innes Inventor: Cleveland (AM)	
() Declaration submitted with initial	filing or			Comp	lete if known:	
	()Declaration submitted after initial filing (surcharge required 37CFR1.16(e))					
3	-					
				Filing	Date	
				Group	Art Unit:	
As below named	l inventor. I here	eby declare that:				
My residence, post office	address and citi	zenship are as stated bel	ow next to my name.			
I believe I am the origina (if plural names are listed entitled:	l, first and sole in below) of the su	nventor (if only one name of the control of the con	te is listed below) or an original aimed and for which a patent	nal, first and is sought on	joint inventor the invention	
IMIDA	AZOLINE DER	IVATIVES AS ALPHA	A-1A ADRENOCEPTOR L	IGANDS		
the specification of which	n (check only one	e item below):				
[]is attached hereto. OR [x] was filed on 28 Ap.	ril 2000 as Unite	d States application Seri	al No or P 0	T Internatio	mal .	
			n (MM/DD/YYYY)		_(if	
I hereby state that I have as amended by any amen	reviewed and un dment specifical	derstand the contents of ly referred to above.	the above-identified specific	ation, includi	ing the claims,	
I acknowledge the duty to	disclose inform	ation which is material t	o patentability as defined in	37 CFR §1.5	6.	
or inventor's certificate or United States of America	: 365(a) of any P , listed below and icate or of any Po	CT international applica d have also identified be	(d) or §365(b) of any foreign tion which designated at leas low, by checking the box, an tion having a filing date befo	t one country y foreign apr	other than the	
PRIOR FOREIGN AND ANY P	RIORITY CLA	IMS UNDER 35 U.S.C	. 119:			
Prior Foreign Application Number (s)	(Country	Foreign Filing Da		PRIORITY	
1. 9910110.7		GB	(MM/DD/YYYY 04/30/1999))	CLAIMED X	
2.			0 11001 2555			
3.						
I hereby claim the benefit under T Application No.	itle 35, United St					
Application No.		riling Date	(MM/DD/YYYY)	Prior	ity Claimed	
2.						
3.						
4.						

5.

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU3650USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

TRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	FION		
II C December Application - DOT D			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Roge Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Robert H. Brink Lorie Ann Morgan

Reg. No. 36,094 Reg. No. 38,181 Christopher P. Rogers Reg. No. 36,334

Send Correspondence to:

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Christopher P. Rogers 919-483-1240

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIGHAM	Eric	Cleveland
	INVENTOR'S	Signature:	-	Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
l	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	110 27705, 05
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BISHOP	Michael	Joseph
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		110 27703, 00
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

DECLARATION FOR "371" APPLICATION FOR "371"

		CLARATION FOR UT		ATTORNEY'S DOCKET NUMBER PU3650USW
'PAT	ENT APPL	ICATION WITH POWE	ER OF ATTORNEY C	ontinued
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRISON	Deanna	Trojan
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	, ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 1339	8	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
7 3	OF INVENTOR	HODSON	Stephen	- Joseph
	INVENTOR'S	Signature:		Date:
	SIGNATURE	* Stephen l. Hodson	'	x 15,00tober 2001
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC W	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 1339	8	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	NAVAS	Frank, III	
	INVENTOR'S	Signature:	•	Date: .
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 1339	8	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPEAKE	Jason	D
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 1339		,

DECLARATION FOR "371" APPLICATION TO ... 102301

COMBINED DECLAR				ATTORNEY'S DOCKET PU3650USW
APPLICATION WITH	4 POWER	OF ATTORNEY	·	First Names Inventor: Eric Cleveland BIGHAM
() Declaration submitted with initial	filing or			Complete if known: App No.:
()Declaration submitted after initial		1199 110		
	•			Filing Date
				Group Art Unit:
As below named	l inventor. I here	eby declare that:		
My residence, post office	address and citi	zenship are as stated bel	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	l, first and sole in I below) of the su	nventor (if only one name of the control of the con	ne is listed below) or an original, a samed and for which a patent is so	first and joint inventor ought on the invention
IMIDA	AZOLINE DER	IVATIVES AS ALPHA	A-1A ADRENOCEPTOR LIGA	NDS
the specification of which	n (check only one	e item below):		
[]is attached hereto. OR				
[x] was filed on 28 Ap	ril 2000 as Unite	d States application Seri	al No or PCT I	nternational
Application Number PC applicable)	T/EP00/03848 f	iled_and was amended o	n (MM/DD/YYYY)	(if
I hereby state that I have as amended by any amen	reviewed and un dment specifical	derstand the contents of ly referred to above.	the above-identified specification	1, including the claims,
I acknowledge the duty to	o disclose inform	ation which is material t	to patentability as defined in 37 C	FR §1.56.
or inventor's certificate of United States of America	r 365(a) of any P , listed below and icate or of any Pe	CT international applica d have also identified be	e(d) or §365(b) of any foreign app tion which designated at least on low, by checking the box, any for tion having a filing date before th	e country other than the reign application for
PRIOR FOREIGN AND ANY P		IMS UNDER 35 U.S.C Country	. 119: Foreign Filing Date	I PRIODITY
Number (s)			(MM/DD/YYYY))	PRIORITY CLAIMED
1. 9910110.7 2.		GB	04/30/1999	X
3.				
I hereby claim the benefit under T	itle 35, United St			cation(s) listed below:
Application No.		Filing Date	(MM/DD/YYYY)	Priority Claimed
1. , , , , , , , , , , , , , , , , , , ,				
2. 3.				
4.				

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Global Intellectual Property Department

Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

Glaxo Wellcome Inc.

ATTORNEY'S DOCKET NUMBER PU3650USW

Christopher P. Rogers

919-483-1240

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

				STATUS (Check	one)
U.S. Parent Application Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
U.S. Patent and Tradema David J. Levy	rk Office connected therewit Reg. No. 27,655	h. (List name and registration numb James P. Riek	Reg. No. 39,009		ock Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P.Grassler	Reg. No. 31,164		
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Lorie Ann Morgan	Reg. No. 38,181				

	EVILL STANCE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME			Cleveland
2	OF INVENTOR	BIGHAM	Eric	
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	08
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
1		Five Moore Drive, PO Box 1339	8	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BISHOP	Michael	Joseph
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
l	INVENTOR'S	Signature:		Date:
i	SIGNATURE	×		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
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DECLARATION FOR "371" APPLICATION FOR "371"

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CO	MBINED DE	CLARATION FOR UT	LITY or DESIGN	ATTORNEY'S DOCKET NUMBER
1		ICATION WITH POWE		PU3650USW
17		FAMILY NAME		
2	FULL NAME OF INVENTOR	GARRISON	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
'	INVENTOR'S	Signature:	Deanna	Trojan
	SIGNATURE	Signature:		Date: X
0	RESIDENCE &	CITY	CTATE OF PORTION CONTROL	
ľ	CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4		GlaxoSmithKline		
1 "	-, ADDRESS		Research Triangle Park	NC 27709, US
<u></u>		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HODSON	Stephen	Joseph
	INVENTOR'S	Signature:		Date:
1	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham NC		US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1,72	OF INVENTOR	NAVAS	Frank, III	
Ψ	INVENTOR'S	Signature:		Date:
	SIGNATURE	· Fral Javas III		x Octoben 15, 2001 COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	<u>Durham</u>	NC W	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPEAKE	Jason	D
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
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7	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	3	

DECLARATION FOR "371" APPLICATION TO THE ALIE SQL

OMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCKET PU3650USW First Names Inventor: Eric Cleveland BIGHAM			
() Declaration submitted with initial f		quired 37CFR1.16(e))		Complete if known: App No.: Filing Date
				Group Art Unit:
As below named	inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	w next to my name.	
			e is listed below) or an original, imed and for which a patent is s	
IMIDA	ZOLINE DERI	VATIVES AS ALPHA	-1A ADRENOCEPTOR LIGA	ANDS
the specification of which	(check only one	item below):		
[]is attached hereto. OR	W 2000 - TV 's		1N DCT	F. 4 4 1
			al No or PCT	
Application Number PC applicable)	<u>r/EP00/03848</u> fi	led_and was amended or	n (MM/DD/YYYY)	(if
I hereby state that I have a as amended by any amend			the above-identified specification	n, including the claims,
I acknowledge the duty to	disclose informa	ation which is material t	o patentability as defined in 37	CFR §1.56.
or inventor's certificate or United States of America,	365(a) of any Po listed below and cate or of any Po	CT international applicated have also identified be	(d) or §365(b) of any foreign aption which designated at least or low, by checking the box, any forcion having a filing date before t	ne country other than the oreign application for
PRIOR FOREIGN AND ANY P				
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9910110.7		GB	04/30/1999	X
2. 3.				
I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional appl	ication(s) listed below:
Application No.			(MM/DD/YYYY)	Priority Claimed
1. 2.				
3.				
4.	-	· · · · ·		

5.

COMBINED DECLARATION FUR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PU3650USW

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PRIOR U.S. PAREN	APPLICATION or PCT PARENT	APPLICATION
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		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
			· · · · · · · · · · · · · · · · · · ·	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Reg. No. 27,655

James P. Riek

Reg. No. 39,009

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Karen L. Prus

Reg. No. 35,851 Reg. No. 39,337

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John L. Lemanowicz Reg. No. 37,380

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David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

Direct Telephone Calls to:

Christopher P. Rogers 919-483-1240

	ELIT E NIANCE	FAMILY NAME		
_	FULL NAME	1	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIGHAM	Eric	Cleveland
	INVENTOR'S	Signature:		Date:
	SIGNATURE			x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	SIGNATURE	x		x
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2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		,

DECLARATION FOR "371" APPLICATION TO 11 1 1 1 2 3 1 1

		CLARA N FOR UT		ATTORNEY'S DOCKET NUMBER PU3650USW
MA I		ICATION WITH POWE		
•	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRISON	Deanna	Trojan
	INVENTOR'S	Signature:		Date:
0	SIGNATURE			
U	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	NC	US
4	POST OFFICE	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
4	ACDRESS		Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HODSON	Stephen	Joseph
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	35036	Five Moore Drive, PO Box 13398	3	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	NAVAS	Frank, III	
	INVENTOR'S	Signature:		Date:
	SIGNATURE	x		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPEAKE	_Jason_	<u>l</u> D
_	INVENTOR'S	Signature:		Date:
0	SIGNATURE	CITY STATE OR FOREIGN COUNTRY		× 10-15-01
	RESIDENCE &		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		